



## PART B - FEE(S) TRANSMITTAL

07-12-04

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7590 04/20/2004

~~Christopher J. Remondino, Esq.~~ Steve Gardner  
 KILPATRICK STOCKTON LLP Kilpatrick Stockton LLP  
 One First Union Center, Ste. 2600 1001 West Fourth St.  
 Winston-Salem,  
 NC 27101-2400

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/007,051	12/06/2001	Jimmie Andrew Miller	UNCC2000-030	3861

## TITLE OF INVENTION: FIDUCIAL CALIBRATION SYSTEMS AND METHODS FOR MANUFACTURING, INSPECTION, AND ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	07/20/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
BRYANT, DAVID P		3726	029-407050		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kilpatrick Stockton LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

University of North Carolina at Charlotte Charlotte, North Carolina

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 5 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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(Date)

July 8, 2004

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